

DELINEATION OF PRIVILEGES - OB/GYN NURSE PRACTITIONER For use of this form, see AR 40-68; the proponent agency is OTSG <i>(DA Form 5440A-R Must be Completed and Attached to this Form)</i>		REQUESTED BY	DATE
PRIVILEGES		RECOMMENDATIONS BY DEPT./ SVS. CHIEF	
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
Clinical Privileges (Check)			
	1. Gynecologic assessment (<i>pelvic and breast</i>) with deviations from normal being referred to the physician.		
	2. Diagnostic and screening tests.		
	3. Uncomplicated obstetrical care (<i>antepartal, post-partal</i>).		
	4. Health teaching and counseling regarding maintenance of health, family planning, and preparation for childbirth.		
	5. Normal newborn care.		
	6. Prescribe TAB approved medications (<i>attach listing</i>).		
Diagnostic and Treatment (Check)			
	1. Cervicitis, erosion, and eversion of cervix.		
	2. Vaginitis.		
	a. Trichomonas.		
	b. Monilia.		
	c. Nonspecific or mixed.		
	3. Gonorrhea and those referred as Gonorrhea (<i>contacts from Health & Environment Division or Public Health Service</i>).		
	4. Condyloma Accuminata (Venereal warts).		
	5. Herpes Simplex of Genitalia.		
	6. Other (<i>Specify</i>).		
Diagnostic Procedures (Check)			
	1. Pelvic Examination		
	2. Pap smear.		
	3. Breast examination.		
	4. Cryosurgery with appropriate follow-up.		
	5. IUD insertion and removal.		
	6. Diaphragm fitting.		
	7. Cervical cultures and wet slides.		
	8. Ordering of laboratory tests.		
	a. Pregnancy tests.		
	b. UA, culture and sensitivity.		
	c. CBC.		
	d. Rubella titer.		
	e. Blood type and RH factor.		
	f. FBS, 2 hour postprandial for diabetic screening.		
	g. Vaginal and cervical cultures.		